

AIR AMERICA, INC.

1725 K STREET, N.W.
WASHINGTON, D.C. 20006

APPROVED FOR RELEASE
DATE: JAN 2008

TELEPHONE (202) 223-6130

CABLE ADDRESS
AIRAMERICA

March 29, 1973

Ref.: WM-73-2149

Mr. William R. Abruscato
Group Administrator
American International Life
Assurance Company of New York
102 Maiden Lane
New York, N. Y. 10005

Dear Mr. Abruscato:

Enclosed please find copies of Notices of Conversion Right under Group Life Insurance Policy issued to the following personnel listed below.

- | | |
|-----------------------------|-----------------------|
| 1. Arnesan, R. | 10. Johnson, W. L. |
| 2. Bonansinga, F. C. | 11. Purvis, M. R. |
| 3. Cocchi, M. C. | 12. Reimer, E. C. |
| 4. Cook, R. K. | 13. Reynolds, G. L. |
| 5. Dunn, T. T. | 14. Ruck, B. J. |
| 6. Elder, R. W. | 15. Seethaler, K. H. |
| 7. Fraser, D. L. | 16. Toman, G. J. |
| 8. Gamelin, D. V. | 17. Trowbridge, T. J. |
| 9. Henthorn, D. G. | |

Sincerely,

James E. Meals
Assistant Vice President

JEM

Encl.

NOTICE OF CONVERSION RIGHT UNDER GROUP LIFE INSURANCE POLICY
issued by
AMERICAN INTERNATIONAL LIFE ASSURANCE COMPANY
OF NEW YORK
IN THE CITY OF NEW YORK

102 Maiden Lane, New York, N. Y. 10005

To: MC. Cecchi, RFD #2, Moulton Hill Rd., Monson, Mass
Name of Employee 01108

Your employment with the undersigned having terminated, effective

2 February 1973, you are hereby notified in accordance with Subdivision 3 of Section 204 of Chapter 28 of the Consolidated Laws of New York that under the terms of the Group Life Policy issued by American International Life Assurance Company of New York to the undersigned, you may convert your Life Insurance coverage under said Policy, evidenced by your Certificate, to an individual policy of Life or Endowment Insurance, preceded by (at the option of the insured) a Single Premium Interim Term policy of one year only by making application therefor to said American International Life Assurance Company of New York at its Home Office in New York, N. Y. Such application must be made within thirty-one days after the date of the termination of your employment or within fifteen days from the date of the giving of this notice, if said date is more than fifteen days, but less than ninety days after the date of said termination, and upon complying with all the other terms and conditions set forth in said Group Life Policy.

21 Feb 1973 AIR AMERICA, INC GC-1344
Date delivered to Employee Name of Employer Group Policy No.

Form 1139

INSTRUCTIONS TO POLICYHOLDER

This notice must be completed in duplicate and the original furnished to each individual upon termination of the individual's insurance due to termination of employment or upon cessation of active work in accordance with your pension or retirement plan. The duplicate copy should be sent to us with the following information:

Employee's Certificate No. Original Effective Date of Insurance 1/1/71
Amount of Insurance at Time of Termination \$ 13,500.00 Date of Birth 5/28/40
Completed by H. A. Klann, MESB
name and title

Mail This Copy To:
AMERICAN INTERNATIONAL LIFE ASSURANCE COMPANY OF NEW YORK
in the City of New York
GROUP DIVISION